

**RESERVE FIREFIGHTER APPLICATION
PULLMAN FIRE DEPARTMENT**

App.doc

DATE RETURNED

/ /

IMPORTANT - Please print or type. Complete all sections. Use additional paper if needed and attach to this form.

NAME (last, first, MI.) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (home) _____ (business) _____

EDUCATION

Include: Name and location of school, major, and if graduated.

HIGH SCHOOL _____

COLLEGE _____

BUSINESS, TRADE _____

WORK EXPERIENCE

Employer or firm name and address, immediate supervisor, type of work and duties, length of service - list employment beginning with the latest and/or current employment.

1. _____

2. _____

3. _____

4. _____

**LIST FIRE EMERGENCY MEDICAL QUALIFICATIONS AND/OR CERTIFICATION
(INCLUDE DATES OF CERTIFICATION)**

1. _____
2. _____
3. _____
4. _____

REFERENCES

List three persons familiar with your qualifications and abilities. Please don't utilize relatives.

- | | Name | Address | Phone Number |
|----|-------|---------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Do you have any activities, commitments, responsibilities, or pending actions that may hinder you from meeting attendance or performance requirements?

YES_____ NO_____ COMMENTS_____

Do you have any disease, illness, sensory, or physical limitation which could prevent the proper performance of the position applied for?

YES_____ NO_____ COMMENTS_____

List all driving offenses (convictions - excluding parking violations) you have received in the past three years. List date, offense, and location.

Drivers License Number: _____

Do you authorize the obtaining a copy of your driving record from appropriate jurisdictions for the purpose of processing your application?

YES_____ NO_____ COMMENTS_____

Do you permit this department to contact your former and/or current employers and/or supervisors concerning your work record?

YES_____ NO_____ COMMENTS_____

STATEMENT: I certify that all statements contained in this application (and attachments, if any made) are true to the best of my knowledge and may be verified (where I have so indicated) by the department. I have read the General Information Sheet which was attached to this application form and understand the minimum requirements, expectations, duties, responsibilities, and testing procedures contained therein. If my status changes with regard to statements made herein or to minimum requirements demanded for the position applied for, I will inform and advise the department prior to interview. I understand that employment is contingent upon the accuracy of this information.

Signature of applicant

Date

Driving abstract _____

Date

Reference Contacted _____

Date _____

